



UNITED STATES MARINE CORPS

MARINE CORPS BASE

QUANTICO, VIRGINIA 22134-5001

MCBO 6120.1

C 050-2/p

23 Aug 90

MARINE CORPS BASE ORDER 6120.1

From: Commanding General
To: Distribution List

Subj: PHYSICAL EXAMINATIONS AND CLEARANCES

Ref: (a) **MCO P1900.16C (NOTAL)**
(b) MANMED, Chap. 15 (NOTAL)
(c) NAVMEDCOMINST **1300.1C**

Encl: (1) SF 600, Chronological Record of Medical Care (Overlay)
(2) NAVPERS **1300/16**, Report of Suitability for Overseas Assignment
(3) NAVMED **1300/1**, Medical and Dental Overseas Screening Review for Active Duty and Dependents
(4) Sequence of Events Required for Physical Examinations

1. Purpose. To promulgate policies and procedures for conducting physical examinations and medical clearances, and for reporting medical status per the references.

2. Cancellation. MCCDCO **6120.1A.**

3. Information. Personnel have frequently reported at the Naval Medical Clinic (NMCL) just a few days prior to, or on the day of, their transfer, reenlistment, release from active duty, or other occasion that requires a physical examination and/or medical clearance. This presents a problem when further treatment is necessary or transfer orders need to be revised. It is important that physical examinations or other necessary medical evaluations be conducted within a reasonable amount of time.

4. Action

a. Overseas Transfer

(1) Within 30 days of receipt of overseas orders, **service-**members will report to the Medical Records Department for an administrative pre-screen. The member must report with their record, and the records of all family members. Upon completion of the pre-screening, the member and all dependents will be medically screened by a medical officer utilizing enclosures (1) through (3). Appointments for the medical screening are made by contacting the Military Medicine appointment line at 640-3155. Dependents must be physically present for this part of the screening process.

MCBO 6120.1
23 Aug 90

(2) Once the medical screening is complete, all family members must report to the main Branch Dental Clinic for an examination. Examinations are performed during Dental Sick Call, Monday through Friday from 0730-0930 and 1230-1330. The member and dependents must also bring their medical records to the Dental Clinic.

b. INCONUS Transfer. Personnel transferring INCONUS will report to the Medical Records Department with their health record at least 30 days prior to their transfer date.

c. Discharge/Release From Active Duty

(1) Contact the Physical Examination Department, NMCL (640-2214/2594) no less than 60 days prior to the discharge/release date. The Physical Examination Department is located in room 217 on the second deck of the NMCL. Members will report only on their assigned dates between the hours of 0730-0900. Further examination, performed by a medical officer/physician's assistant, will be scheduled at that time. An additional three to five days is required for administrative processing. Enclosure (4) will be used as a guideline.

(2) Return to the Medical Records Department, with the Clearance Certificate, one working day prior to discharge/release date for clearance and receipt of health record for delivery to their Commanding Officer.

d. Extension or Reenlistment. A physical examination may be waived, provided there is no evidence in the member's health record of recent illness or injury and provided such reenlistment is in the same regular or reserve status. Members will report to Active Duty Sick Call with their medical record.

e. Retirement or Transfer to Fleet Reserve/Fleet Marine Corps Reserve. Initiate physical examination no later than six months prior to scheduled retirement date or date of transfer.

f. Annual Physical Examination of Nonaviation Personnel (Officers and Enlisted)

(1) All Navy and Marine Corps officers on active duty will be examined within 30 days of their birthday. One examination is required between 17 and 24 years of age. Examinations will be conducted every 5 years for ages 25-49, every 2 years for ages 50-59, and annually for ages 60 and above.

(2) Commanding officers will institute the appropriate procedures to ensure initiation of physical examinations no later than 60 days prior to each member's birthday anniversary.

g. Annual Physical Examination of Aviation Personnel. All Navy and Marine Corps personnel, engaged in duties involving flying and air traffic control, will receive an annual physical examination within 30 days of their birthday per reference (b).

MCBO 6120.1
23 Aug 90

h. Annual Physical Examination of Active Duty Females. All active duty females are required to have an annual pelvic and breast examination, and pap smear within 30 days of their birthday. Screening mammographies are required at ages 35, 40, 43, 46, 49, and annually for 50 years and above.

i. Other Physical Examinations. All other physical examinations not specifically mentioned in this Order will be initiated by commanding officers no later than 60 days prior to requirement.



C. N. PASTINO
Deputy Commander for Support

DISTRIBUTION: A

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
	NMCL, QUANTICO, VIRGINIA 22134-6050	
	MEDICAL RECORDS SCREENED THIS DATE FOR TRANSFER TO	
	DATE OF TRANSFER:	17-24, ONE EXAM NEEDED 25-49, EVERY 5 YRS W/IN 30 DAYS OF DOB 50-59, EVERY 2 YRS W/IN 30 DAYS OF DOB 60 & UP, ANNUALLY W/IN 30 DAYS OF DOB FLIGHT - ANNUALLY
	AGE: DATE LAST PHYSICAL:	MUST BE WITHIN 12 MONTHS OF TRANSFER
	DATE LAST HIV: RESULTS	
	SICKLE CELL: <input type="checkbox"/> NEG <input type="checkbox"/> POS G6PD: <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	DO YOU HAVE SHOT CARD PHS 731 <input type="checkbox"/> YES <input type="checkbox"/> NO
	IMMUNIZATIONS: YEARLY PPD RESULTS:	
	10 YEARS TETNUS	
	10 YEARS YELLOW FEVER	
	3 YEARS TYPHOID	
	Completed at first duty station - 2 shot series	PLAGUE
		OTHER
	CURRENT MEDICAL PROBLEMS:	
	CURRENT MEDICATIONS	
	REQUIRES:	
	EST QUAL DATE:	
	QUAL FOR TRANSFER/NOT QUAL FOR TRANSFER	
	REASONS FOR DISQUALIFICATION:	

SIGNATURE OF MEDICAL RECORDS CORPSMAN

SIGNATURE OF MD FOR OVERSEAS TRANSFER

PATIENT'S IDENTIFICATION (Use this space for Mechanical nprint)

RECORDS MAINTAINED AT:			
PATIENT'S NAME (Last, First, Middle Initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

ENCLOSURE (1)

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT

MEMBER'S NAME		DATE	SSN
PRESENT SHIP/STATION	UIC	OVERSEAS LOCATION	UIC
		ISOLATED [1 YES [] NO	

PART I: **MEDICAL OVERSEAS SCREENING COORDINATORS** - The purpose of the Overseas Screening Coordinator's Checklist is to assure that pertinent instructions **are** being followed, that proper **communications** have been **established**, where needed, and that an **appropriate** recommendation is made to the member's command for assignment in the case of the member and **accompaniment** in the case of dependents.

A. LIST OF PERSONNEL SCREENED:

1. _____
2. _____
3. 60 _____
4. _____

B. REVIEW CHECKLIST:

YES NO

1. [] [] Has an entry on the SF-600 (chronological- Record of Medical Care) been made For **each** individual listed **section A** above?
2. [] [1 Has an entry on the SF-603 (Health Record, **Dental**) been made For each individual listed in section A **above**?
3. [] [] **Are** there any acute and/or chronic conditions noted in the medical overseas screening.
4. [] [] HIV test results in Medical Record; Date of HIV testing: _____

C. OVERSEAS SCREENING COORDINATORS CERTIFICATION:

"I _____, certify that **the** above information is true **and** accurate **to** the best of my knowledge. **An administrative** review of the Medical and **Dental** Records **of** the individuals indicated **above** has been accomplished. **All conditions** and/or illnesses indicated have **been addressed** and steps have been taken to ensure that **the capabilities** have been determined at the prospective **Medical** Treatment Facility."

MEMBERS (Signature)

DATE

MEMBERS (Name, Rank/Rate)

DUTY STATION

ENCLOSURE (2)

PART II: MEDICAL TREATMENT FACILITY ENDORSEMENT - The purpose of this part is to provide the Commanding Officer of the member with an endorsement as to the fitness/suitability of the member and dependents for assignment/accompaniment to an overseas location.

A. Based on the capabilities of the Medical Treatment Facility in the area of assignment to which ordered, the following recommendation is forwarded:

1. Member:

☐ YES - The member is recommended for overseas assignment.

☐ NO - The member is not recommended for assignment overseas due to the following reasons:

2. Dependents:

☐ YES - The dependent(s) is/are recommended for accompaniment with sponsor overseas.

☐ NO - The dependent(s) is/are not recommended for accompaniment overseas due to the following reasons:

MEDICAL SCREENING FACILITY
COMMANDING OFFICER (Signature)

OATE

MEDICAL SCREENING FACILITY
COMMANDING OFFICER (Name, Rank)

e-----

PART III: COMMAND REVIEW - The purpose of the Command Review is to determine, via record review and personal interview, member and dependents' suitability for overseas duty/life in the assigned overseas location.

YES NO

1. ☐ Does the member or any of his/her dependents have knowledge of any ongoing medical problem or treatment that was not addressed in the medical/dental screening?

If "YES," return member to medical screening authority to include these problems in the screening.

If "NO," continue screening.

2. ☐ Has the member previously been reassigned, prior to normal tour completion, due to member's own unsuitability?

REMARKS: Complete if a "YES" is checked in question 2 above.

☐ Does the reason for previous reassignment still exist? (Explain in remarks section).

YES NO

3. ☐ 1 ☐ I Has the member previously been reassigned, prior to normal tour completion, due to unsuitability of member's dependents?

REMARKS: Complete if a "YES" is checked in question 3 above.

☐ ☐ Does the reason for previous reassignment still exist? (Explain in remarks section).

4. ☐ ☐ 1 Does the member have serious problems of indebtedness, credit loss or other financial problems which have not been reconciled with the creditor(s) or interested parties?

5. ☐ ☐ 1 Has the member been convicted for any civilian felonies or misdemeanors within the last 24 months (include pre-service time), e.g., crimes of violence, larceny, driving under the influence of alcohol, assault?

6. ☐ 1 Does the member have a record of military offenses within the last 24 months which should preclude overseas assignment, e.g., two or more Captain's masts, several minor unexcused absences, a lengthy unauthorized absence? (One time major offenses in the current enlistment are considered disqualifying as well).

7. ☐ 1 Does the member have a record of any involvement with illegal drugs within the past 24 months? (Exceptions are recent enlistees who received an enlistment waiver or from whom no waiver was required for enlistment).

8. ☐ 1 ☐ Does the member have a record of unresolved alcohol abuse within the past 24 months?

9. ☐ 1 ☐ Has the member been treated for alcohol abuse within the last 6 months? (Include pre-service time).

10. ☐ 3 ☐ 1 Does the member have a history of unsatisfactory or marginal performance within the past 24 months?

11. ☐ 1 If member is being assigned a consecutive overseas tour, does the member have less than a 3.6 overall trait average during current overseas tour? See Article 4.023 for waiver criteria (not applicable for officers).

12. ☐ ☐ 1 Does the member's dependent(s) require any special educational facilities?

If "YES," member must be briefed on the Exceptional Family Member Program (OPNAVINST 1300.14) and screened by that program if required.

13. ☐ ☐ 1 Does member or dependent(s) have a history of being unable to cope with the normal difficulties associated with overseas duty, e.g., caring for children, managing the household, living in a foreign country?

14. ☐ 1 ☐ 1 Was the member's spouse previously a member of the armed forces? If so, what was the character of separation? (Explain in remarks section if other than honorable).

15. ☐ 1 ☐ Are any of the member's dependents in a shared custody agreement? If, "YES" has member obtained requisite agreements from co-custodian for removal from CONUS?

A check in any "YES" box in the above section can result in non-endorsement of the member depending on (a) the reason for the "YES" check and (b) the nature of the overseas assignment.

23 Aug 90

NOTE: IF the reason(s) For previous reassignment in question 2 or 3 no longer exists(s), the question is counted as a "NO" check. A member with a combination of minor problems in the areas questioned above may be unsuitable as well as an individual with major offenses/problems on record. A CHECK IN ANY "YES" BOX MUST BE EXPLAINED IN THE "REMARKS" SECTION.

REMARKS: _____

YES NO

16. ☐ ☐ Does the member meet Navy physical readiness criteria, including body fat percentage (OPNAVIST 6110.1 series)?

17. ☐ ☐ (Single parents/military couples with dependents) Have dependent care requirements been met in accordance with OPNAVINST 1740.4 series?

NOTE: While the unique situation of single parents with dependents is not in itself disqualifying, this fact should be pointed out upon submission of message certification of screening to COMNAVMILPERSCOM (NMPC-40)/(NMPC-462)/(EPMAC).

18. ☐ ☐ Has mandatory urinalysis screening of member been conducted in accordance with OPNAVINST 5350.4 series.

I _____, am aware that failure to divulge disqualifying information, or amplifying information pertaining to the above questions of this checklist may ultimately result in disciplinary action punishable under the UCMJ.

MEMBERS (Signature) _____

DATE _____

MEMBERS (Name, Rank/Rate) _____

19. On the basis of all available information, I endorse/I do not endorse (circle one) the member's orders to the overseas assignment.

COMMANDING OFFICER (Signature) _____

DATE _____

COMMANDING OFFICER (Name, Rank) _____

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 USC 301 Departmental regulations. The information will be used to assist officials and employees of the Department the Navy in determining your future duty assignment. Completion of the form is mandatory except for duty and home phone numbers; failure to provide required information may result in delay in response to or disapproval of your request.

MEDICAL AND DENTAL OVERSEAS SCREENING REVIEW FOR ACTIVE DUTY AND OEPMDENTS

NAVMECOMINST 1300.1

EXAMINEE	GRADE, RATE, OR DEPENDENT	SSN	FMP
SPONSOR'S NAME (IF APPLICABLE)	PRESENT DUTY STATION	OVERSEAS DUTY STATION	JIC

PART I: MEDICAL SCREENING. The purpose of the medical screening examination, the medical record review, and the interview with the examinee is to assess the physical and mental suitability for assignment to overseas areas where access to medical facilities may be limited or where capabilities do not exist in certain medical specialties. See NAVMED 15-57 and NAVMECOMINST 1300.1 series.

1. Medical Review

a. Are there any acute or chronic medical or mental conditions requiring routine or continuing access to care or access to specialized medical care?

() YES - Complete section A2.

() NO - For females - proceed to section A3. For males - medical screening is complete.

2. List all acute or chronic medical or mental conditions or illnesses as noted in the (a) medical record review, (b) examination, and (c) interview with the examinee. Indicate the examinee's medical history, condition, and treatment required. NOTE: Administrative action is required when entries are made in this section. See NAVMECOMINST 1300.1 series. Entries should be typed or clearly legible.

SAMPLE

3. Females only

a. Is the examinee pregnant?

() YES - Complete sections 3b through 3d.

() NO - Medical screening is complete.

b. What is the examinee's expected delivery date?

c. Is the examinee presenting pregnancy complications?

() YES - Ensure complications are indicated in section A2 above then proceed to section 3d.

() No - Proceed to section 3d.

23 Aug 90

d. Will the examinee be able to arrive at the overseas location prior to the beginning of the third trimester of pregnancy?

() YES - Medical screening is complete.

() NO - Administrative action is required. See OPNAVINST 6000.1 series and NAVMEDCOMINST 1300.1 series for guidance.

() NOT APPLICABLE - Medical screening is complete.

MEDICAL OFFICER SIGNATURE

DATE

Name, Grade, SSN, and Duty Station of Examining Physician

PART II. DENTAL SCREENING. The purpose of the dental screening examination and dental record review is to determine if the dental health of the examinee is suitable for assignment to overseas areas where access to dental care may be limited or where the capability for dental care within a military facility does not exist.

1. Dental Review

1. Does the examinee have any acute or chronic dental conditions (including active orthodontics) requiring routine or continuing access to care or access to specialized dental care?

() YES - Complete section A2.

() NO - Dental screening is complete.

2. List all acute or chronic dental conditions or illnesses as noted in the (a) dental record review, (b) dental examination, and (c) interview with the examinee.

3. Examining dental officer's findings:

() I recommend approval for overseas assignment or accompaniment.

() I recommend disapproval for overseas assignment or accompaniment.

If disapproval is recommended, indicate: (a) if the examinee's condition is correctable; (b) if there is adequate time to correct the condition and allow rescreening of the examinee; and (c) if your military dental clinic can provide needed treatment.

DENTAL OFFICER SIGNATURE

DATE

Name, Grade, SSN, and Duty Station of Examining Dentist

ENCLOSURE (3)

SEQUENCE OF EVENTS REQUIRED FOR PHYSICAL EXAMINATIONS

1. Contact the Physical Examination Department, Naval Medical Clinic (NMCL) at **640-2214/2594** to obtain appointment for preliminary tests (**e.g.**, lab work, EKG, audiogram, etc.)
2. Prior to the scheduled appointment, report to the respective Dental Clinic for dental examination and completion of SF-88.
3. Report to the Physical Examination Department on scheduled date between the hours of 0730 and 0900 for preliminary tests. An appointment for the actual physical will be scheduled at this time.
4. On the day of the second scheduled appointment, report to the Physical Examination Department 10 minutes prior to the scheduled time.
5. Refer any questions to the Petty Officer in Charge, Physical Examination Department, NMCL at **640-2214/2594**.

Note: * Appointments must be scheduled 6 months prior to retirement or 60 days prior to all other required physicals.

- * Preliminary tests, conducted prior to the actual physical examination, are valid for 6 weeks.